

• Work Order ID 106754

\*106754\*

Page 1

September-11-13 11:35:35 AM

Item ID: D4088-043

Accept

\*N900040100\*

Setup

Start

\*NS1\*

Revision ID:

Item Name: Shoulder Harness

Stop

\*NS2\*

Start Date: 9/11/13 Start Qty: 4.00

\*4\*

Cust Item ID:

Required Date: 9/11/13 Req'd Qty: 4.00

\*4\*

Customer:

Reference:

Approvals: Process Plan: MLC

Date: 13-09-16

Tooling:

Date:

Run

Start

\*NR1\*

QC: \_\_\_\_\_

Date: \_\_\_\_\_

SPC (Y/N):

Date: \_\_\_\_\_

Stop

\*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

Draw Nbr	Revision Nbr
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D4088 A

100

\*100\*

Purchasing

Purchasing

Memo

0.00

CD 13/09/17 (4)

110

\*110\*

Packaging

Packaging

Receive & Inspect for Damage & Mat'l Certs

0.00

DAS

26

9-89

4X

13-10-9.

120

\*120\*

QC

Quality Control

QC6- Inspect dimensions to drawing

0.00

DAS

27

9-89

13-10-10

4

NCR: Yes / No

# **WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**QA Closed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering			
				Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality			
				Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other			
				Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending	General			Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>			Pressure/Forced <input type="checkbox"/>			
Centre Not Concentric to O/S	Bend <input type="checkbox"/>	Hardware <input type="checkbox"/>			Over/Under tolerance <input type="checkbox"/>			Temperature/Cure <input type="checkbox"/>			
Cracks	BOM/Route <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>			Part Incorrect <input type="checkbox"/>			Weld <input type="checkbox"/>			
Crushed/Crimped	Broken/Damaged <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>			Part Lost/Missing <input type="checkbox"/>			Wrong Stock Pulled <input type="checkbox"/>			
Cuffs	Burrs <input type="checkbox"/>	Maintenance <input type="checkbox"/>			Part Moved <input type="checkbox"/>						
Heat Treat	Contamination <input type="checkbox"/>	Mislabeled <input type="checkbox"/>			Positioned Wrong <input type="checkbox"/>						
Inspection Strip in Tube	Countersink <input type="checkbox"/>	Misread <input type="checkbox"/>			Power Loss/Surge <input type="checkbox"/>						
Ripples in Bend	Cut Too Short <input type="checkbox"/>	Offset <input type="checkbox"/>									
Torque Waves in Extrusion	Drill Holes <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>									
Turning Sequence	Drawing <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>									
Wave/Twist in Tube	Finish <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>									
	Folio <input type="checkbox"/>										

Work Order ID 106754

\*106754\*

Page 2

September-11-13 11:35:35 AM

Item ID: D4088-043

Accept

\*N900040100\*

Setup Start

\*NS1\*

Revision ID:

Item Name: Shoulder Harness

Stop

\*NS2\*

Start Date: 9/11/13 Start Qty: 4.00

\*4\*

Cust Item ID:

Required Date: 9/11/13 Req'd Qty: 4.00

\*4\*

Customer:

Reference:

Approvals:

Process Plan:

Date: Tooling:

Date:

Run Start

\*NR1\*

QC:

Date: SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130 <b>*130*</b> Packaging	Identify as per dwg & Stock Location: <u>ST268A</u>	0.00							
Packaging	Memo	0.00							
140 <b>*140*</b> QC	QC21- Final Inspection - Work Order Release	0.00							
Quality Control	Memo	0.00							

4X DAS 28 9-89 13-10-10

MJS 13-10-11

PLB-1010

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS																		
			Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Machining <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/>	Quality <input type="checkbox"/>	Other <input type="checkbox"/>			
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description			Sign & Date	Verification		QC Inspector											
Doc/Data																								
Equip/Tooling																								
Operator																								
Material																								
Setup																								
Other																								
Process																								
Supplier																								
Training																								
Unapproved																								
FAULT CATEGORY																								
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube					<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio					<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions					<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge					<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled				

# Picklist Print

September-11-13 11:35:34 AM

Page 1

Work Order ID: 106754

Parent Item: D4088-043

Parent Item Name: Shoulder Harness

Start Date: 9/11/13

Required Date: 9/11/13

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP REV:A NEW ISSUE DD 10.04.29 VERIFIED:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
3221-1-021-2396 Shoulder Harness		Purchased	No			110	Each	0.0000	1	4		13-10-9	DAS 26 9-89

4X

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

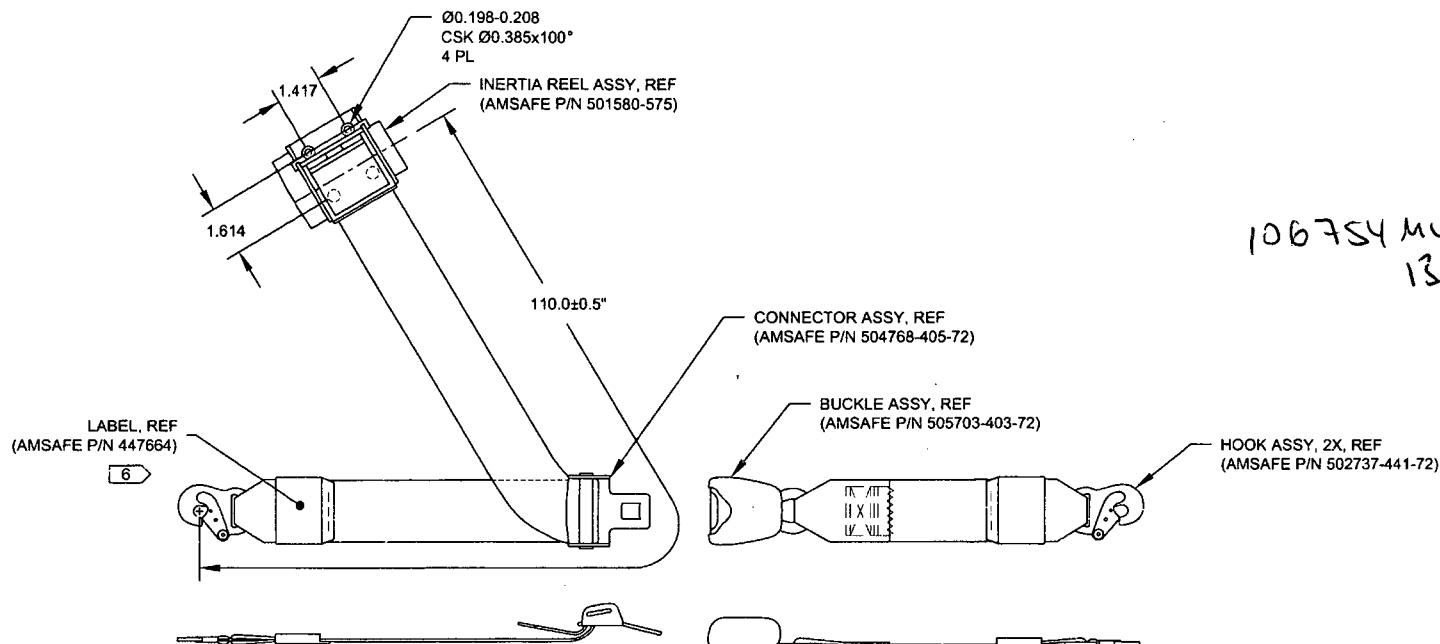
**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order:			DISPOSITION			AGAINST DEPARTMENT/PROCESS															
			Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Machining <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/>	Quality <input type="checkbox"/>	Other <input type="checkbox"/>
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description			Sign & Date	Verification	QC Inspector									
Doc/Data																					
Equip/Tooling																					
Operator																					
Material																					
Setup																					
Other																					
Process																					
Supplier																					
Training																					
Unapproved																					
FAULT CATEGORY																					
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge			<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled								

8 7 6 5 4 3 2 1

## SPECIFICATION CONTROL DRAWING



D4088-043 SHOULDER HARNESS

NOTES:

- 1) PURCHASE: AMSAFE INC. P/N 3221-1-021-2396  
3-POINT SHOULDER HARNESS WITH PUSH-BUTTON BUCKLE  
MEETS REQUIREMENTS OF TSO-C114  
CHROME HARDWARE PLATING AND BLACK WEBBING
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A
- 6) IDENTIFICATION: LABEL TO CONTAIN THE FOLLOWING AT MINIMUM:  
PART NO. 3221-1-021-2396  
CUST. P/N: D4088-043  
RATED: 3000 LBS DATE OF MFG  
CONFORMS TO TSO-C114
- 7) WEIGHT: 1.5 lbs

8 7 6 5 4 3 2 1

DESIGN	<i>91</i>	DART AEROSPACE LTD	
DRAWN	<i>91</i>	HAWKESBURY, ONTARIO, CANADA	
CHECKED	<i>JH</i>	DRAWING NO.	
MFG. APPR.	<i>JH</i>	REV. A	
APPROVED	<i>JH</i>	D4088	
DE APPR.	<i>JH</i>	SHEET 2 OF 2	
DATE	10.03.16	TITLE	SCALE
		SHOULDER HARNESS	NTS

RELEASER  
2010-04-27  
*[Signature]*

DART AEROSPACE LTD  
HAWKESBURY, ONTARIO, CANADA

DRAWING NO. REV. A

D4088 SHEET 2 OF 2

TITLE SCALE

SHOULDER HARNESS NTS

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WRITTEN PERMISSION FROM DART AEROSPACE LTD

8 7 6 5 4 3 2 1

# AmSafe

1043 NORTH 47th AVENUE  
PHOENIX, AZ 85043  
PH (602)850-2850 FAX (602)850-2812

## SHIPPER/CERTIFICATION



CUSTOMER NO.
10006113

SALES ORDER NO.
S263437

BOL NO.
000314169

DATE PRINTED
10/08/13

PAGE NO.
1

DART AEROSPACE  
1270 ABERDEEN STREET  
HAWKESBURY  
HAWKESBURY, ON K6A 1K7  
Canada

DART AEROSPACE LTD.  
1270 ABERDEEN ST  
HAWKESBURY, ON K6A 1K7  
Canada

CUSTOMER ORDER NO.
PO21372

TERMS
NET30

FREIGHT
COLLECT

SHIP VIA
FedEx Intl Priority

F.O.B.
ORIGIN

Sales Order Remarks: 1517-9324-0

Remarks:

Ship to ID: 10006125

SHIPMENT REFERENCE 000314169

LINE	ITEM NUMBER / DESCRIPTION	DRAWING AND CERTIFICATIONS			DUE DATE	QTY ORDERED	QTY SHIPPED	QTY BACK ORDERED
1	Cust. Item No.: D4088-043 3221-1-021-2396 REST SYS ASSY W/IR	DRAWING: 3221 REV: A	CERT: TSO-C114 Lot/Serial Numbers Shipped S263437-1	Quantity 4.0	2013-10-08 Expire Ref.	4		0

I certify that the article(s) listed above conform to all applicable design data, and (as applicable):

FAA PMA, FMVSS 209, FMVSS 302, 14 CFR 25.853

FAA TSO C22f, C22g, C114 or TSO Plus

The conditions and tests required for TSO approval of the article(s) are minimum performance standards. It is the responsibility of those installing the article(s) either on or within a specific type or class of aircraft to determine that the aircraft installation conditions are within the standards applicable to the TSO article including (when applicable) the integrated non-TSO function. The non-TSO function is described as the seat belt airbag system including the inflator cable assembly and electrical components that have not been evaluated for functionality or installation requirements. TSO articles including the integrated non-TSO function must have separate approval for installation in an aircraft. The article(s) may be installed only if performed under 14 CFR part 43 or the applicable airworthiness requirements. Product shipped meets all material, processing and test requirements. Certifications/Test reports as applicable are retained on file at AmSafe Aviation.

AmSafe Authorized Signature: X

Jesse Ochoa

OCT 08 2013

Printed Name:

Jesse Ochoa

Dated: \_\_\_/\_\_\_/\_\_\_

COUNTRY OF ORIGIN USA

1. Approving National Aviation Authority/Country:  FAA/United States	2. <b>AUTHORIZED RELEASE CERTIFICATE</b> FAA Form 8130-3, AIRWORTHINESS APPROVAL TAG					3. Form Tracking Number:  <b>S263437-1NA</b>
4. Organization Name and Address:  <b>AmSafe Aviation</b> 1043 North 47th Avenue Phoenix, Arizona 85043			Cert. No. <b>PT1967NM</b>			5. Work order/Contract/Invoice Number: <b>S263437 - 1</b> <b>0</b> PAGES ATTACHED
6. Item:	7. Description:	8. Part Number:	9. Eligibility: *	10. Quantity:	11. Serial/Batch Number:	12. Status/Work:
1	REST SYS ASSY W/IR	3221-1-021-2396	N/A	4	<b>A1013</b>	NEW

13. Remarks: Drawing: **3221**

Rev: **A**

TSO: **TSO-C114**

**CUST P/N: D4088-043**  
EXPORT AIRWORTHINESS APPROVAL: THIS ARTICLE MEETS THE SPECIAL REQUIREMENTS OF CANADA

14. Certifies the items identified above were manufactured in conformity to:		19. <input checked="" type="checkbox"/> 14 CFR 43.9 Return to Service <input type="checkbox"/> Other regulation specified in Block 13	
<input checked="" type="checkbox"/> Approved design data and are in a condition for safe operation  <input type="checkbox"/> Non-approved design data specified in Block 13.		Certifies that unless otherwise specified in Block 13, the work identified in Block 12 and described in Block 13 was accomplished in accordance with Title 14, Code of Federal Regulations, part 43 and in respect to that work, the items are approved for return to service.	
15. Authorized Signature:  <i>Nellie Alvarado</i>	16. Approval/Authorization No.:  <b>ODA602112NM</b>	20. Authorized Signature	21. Authorized/Certificate No.
17. Name (typed or printed)  <b>NELLIE ALVARADO</b>	18. Date (m/d/y):  <b>OCT/08/2013</b>	22. Names (typed or printed)	23. Date (m/d/y):

#### User/Installer Responsibilities

It is important to understand that the existence of this document alone does not automatically constitute authority to install the part/component/assembly. Where the user/installer performs work in accordance with the national regulations of an airworthiness authority different than the airworthiness authority of the country specified in Block 1, it is essential that the user/installer ensures that his/her airworthiness authority accepts parts/components/assemblies from the airworthiness authority of the country specified in Block 1.

Statements in Blocks 14 and 19 do not constitute installation certification. In all cases, aircraft maintenance records must contain an installation certification issued in accordance with the national regulations by the user/installer before the aircraft may be flown.



Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID **PO21372**

Purchase Order Date 9/17/2013

PO Print Date 9/17/2013

Page Number 1 of 1

Order From :  
**AMSAFE INC.**  
1043 NORTH 47TH AVENUE  
PHOENIX, AZ 85043  
US

VU-AMS001

Ship To : DART AEROSPACE LTD  
1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

**FAXED**  
09/17/2013

Contact Name	Buyer	Chantal Lavoie
Vendor Phone	Customer POID	
	Customer Tax #	10127-2607
Ship To Contact	Terms	Net 30
Ship To Phone	Currency	USD
Ship Via:	FOB	FCA - (Free Carrier)
Ship Acct:		

Line Nbr	Reference Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	CD	Req Qty/ Unit of Measure	PO Unit Price	Extende Price
1	3221-1-021-2396	Shoulder Harness	10/11/2013	*	4.00	\$296.96	\$1,187.8
			Yes		Each		
			10/11/2013				

AS PER DWG D4088 REV. A  
B106754  
AMSAFE P/N: 3221-1-021-2396

SP13 10-9

Line Total: \$1,187.8

PO Total: \$1,187.8

u c2

Note: Pricing listed above is as per contract agreement between Dart Aerospace and the respective manufacturer.

No substitution or deviation without consent.

Certificate of Conformity or Material Certification required - YES  NO  
PST# 6122-5207

Change Nbr:

1

Change Date: 9/17/2013